

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 252

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Queen Anne</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Lone Point</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Lone Point</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH			
(First) <u>Robert</u> (Middle) <u>William</u> (Last) <u>Cammann</u>				(Month) <u>Nov</u> (Day) <u>9</u> (Year) <u>1955</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>male</u>	<u>white</u>	<u>Single</u>	<u>March 22, 1882</u>	<u>73</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>Walterman</u>		<u>Walterman</u>		<u>Rock Hall Md</u>		<u>U.S.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Arthur William Camman</u>				<u>Lidia Amanda Fogwell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
<u>3</u> (If Yes, give war or dates of service) <u>none</u>		<u>219-12-6955</u>		<u>Mrs Mary J. Donnelly - Rock Hall Md</u>			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
<u>420.1</u> Immediate cause (a) <u>Coronary occlusion</u> DUE TO Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:			19b. MAJOR FINDING OF OPERATION:				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY			21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE				M. D.			
<u>W. Henry Fisher - Centerville Md</u>				<u>11/10-55</u>			
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Nov 12-55</u>		<u>Wesley Chapel</u>		<u>Rock Hall Maryland</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>11-11-55</u>		<u>Eric Armstrong</u>		<u>Barton Bros. Centerville Maryland</u>			

BUREAU V. S.

NOV 22 1955

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11185 CERTIFICATE OF DEATH

11191

Reg. Dist. No. 254

1. PLACE OF DEATH- COUNTY <u>Queen Anne's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>D.A.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Grasonville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Grasonville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>—</u>		STREET ADDRESS (If rural, give location) <u>Scott Town</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>William</u>	(Middle) <u>Arthur</u>	(Last) <u>Cooper</u>
4. DATE OF DEATH	(Month) <u>Nov.</u>	(Day) <u>21</u>	(Year) <u>1953</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 22 1916</u>
9. AGE last birthday <u>69</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Md.</u>	
11. FATHER'S NAME <u>Charles Henry Cooper</u>		12. MOTHER'S MAIDEN NAME <u>Rachel Ann Redman</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		14. SOCIAL SECURITY No. <u>—</u>	
15. INFORMANT AND ADDRESS <u>Wife - Mrs. Hattie Cooper</u>		16. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
443X Immediate cause (a) <u>Cerebral Thrombosis</u>		<u>1 wk</u>	
Antecedent cause(s) (b) <u>Hypertensive-Arteriosclerotic C.V. Disease</u>		<u>Sev Yrs.</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <u>—</u>		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>—</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept 1</u> , 19 <u>53</u> , to <u>Nov</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov. 16</u> , 19 <u>55</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Irvin D. Hozt M.D.</u>		ADDRESS <u>Queenstown, Md.</u>	
DATE SIGNED <u>11/22/55</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE <u>11/25</u>	
NAME OF CEMETERY OR CREMATORY <u>Grasonville Cem.</u>		LOCATION (City, town, or county) (State) <u>Grasonville, Md.</u>	
DATE REC'D BY LOCAL REG. <u>11-25-55</u>		REGISTRAR'S SIGNATURE <u>Allen M. Redridge</u>	
		24. FUNERAL DIRECTOR <u>James S. Dashiell</u>	
		ADDRESS <u>Porton, Md.</u>	

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NOV 28 1955

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11186 CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH

COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN StevensvilleMARYLAND
LENGTH OF STAY
(In this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN Stevensville

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED
(Type or Print)

(First)

(Middle)

(Last)

Robert Lee Councill

4. DATE OF DEATH

(Month)

(Day)

(Year)

Nov. 28 19 55

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE last birthday

IF UNDER 1 YEAR

IF UNDER 24 MRS.

M.W.MarriedAug. 28, 187778 yrs.

Months Days

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

EngineerR.R.MarylandUSA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Robert CouncillMartha Sparks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

Y717-28-9634Mrs. R. Councill--Stevensville, Md.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

260X IMMEDIATE CAUSE (A)coronary occlusionNov. 28, 1955ANTECEDENT CAUSE(S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(B) Arteriosclerosis & hypertensive cardio-vascular disease
(C) diabetes mellitus10 years
30 years

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

amputation of both legs due to diabetic10 years ago

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

gangrene20. AUTOPSY? YES ☐ NO ☐21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21a. INJURY OCCURRED While ☐ Not while ☐ at work at work

21i. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 25, 1955 to Nov. 28, 1955, that I last saw the deceased alive on Nov. 28, 1955, and that death occurred at 10:15 P.M. from the causes and on the date stated above.

SIGNATURE

Theodor Sattelmair

M. D.

ADDRESS (Street, city, town, state)

DATE SIGNED

Stevensville, Md. Nov. 29, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (city, town, or county)

(State)

BurialDec. 1CENTREVILLECENTREVILLE, Md.

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE

Dec. 1-55 Elyabeth HoferEdgar L. Lane Church Hill, Md.

INSTRUCTIONS

1. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BUREAU V. S.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11187 CERTIFICATE OF DEATH

11193

Reg. Dist. No. 251

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Queen Anne</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Rural Church Hill</u>				TOWN <u>Rural Church Hill</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
100				1			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>William</u> (Middle) <u>Albert</u> (Last) <u>Green</u>				Nov. 13 19 55			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Male	White	Married	Oct. 11-1877	78 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Tenant Farmer		Farm		Maryland		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
James Henry Green				Mary E. Everett			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
y				Mrs. Albert Green-Church Hill, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
163X IMMEDIATE CAUSE (A) <u>Carcinoma of Lung</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
		M.					
22. I hereby certify that I attended the deceased from <u>10/30</u> , 19 <u>55</u> , to <u>11/13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11/8</u> , 19 <u>55</u> , and that death occurred at <u>11/15</u> M., from the causes and on the date stated above.							
SIGNATURE <u>W. Henry Fisher</u>				ADDRESS (Street, city, town, state)		DATE SIGNED <u>11/15/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Nov. 16		Crumpton		Crumpton, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>11-15</u>		<u>Edgar L. Lane</u>		<u>Edgar L. Lane</u>		<u>Church Hill, Maryland</u>	

CERTIFICATE OF DEATH

11103

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

DATE OF BIRTH

SEX

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF DEATH

SEX

DATE OF BIRTH

PLACE OF BIRTH

NAME OF DECEASED

CAUSE OF DEATH

DATE OF DEATH

SEX

DATE OF BIRTH

PLACE OF BIRTH

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11188

11194
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 253

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Queen Anne</u>	MARYLAND	STATE <u>md</u>	COUNTY <u>Queen Anne</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Chester</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Chester</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (First) (Middle) (Last) <u>Arthur Stewart Nash Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26 - 1955</u>	
5. SEX: <u>male</u>	6. COLOR OR RACE: <u>white</u>	7. SINGLE, MARRIED , WIDOWED , DIVORCED (Specify):	8. DATE OF BIRTH: <u>Jan 22 - 1920</u>
		9. AGE last birthday: <u>35</u> yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): <u>Chester md</u>
13. FATHER'S NAME: <u>Arthur Stewart Nash</u>		14. MOTHER'S MAIDEN NAME: <u>Helen Seymour</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>4</u>	(If Yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY No.: <u>none</u>	17. INFORMANT & ADDRESS: <u>Mrs. Myrtle Quinn - Glenburnie md</u>
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			
(a) <u>Coronary occlusion -</u> Immediate cause DUE TO			
(b) <u>Found dead in bed</u> Antecedent cause(s) DUE TO			
(c) <u></u> Diseases or conditions, if any, giving rise to the above cause stating underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: <u>0</u>		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>W. Henry Fisher Centerville md</u>		M. D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/> DATE SIGNED <u>11/27-55</u>	
23. BURIAL, CREMATION, REMOVAL, (Specify): <u>Burial</u>	DATE THEREOF: <u>Nov 28</u>	NAME OF CEMETERY OR CREMATORY: <u>mt Olivet</u>	LOCATION (City, town, or county) (State): <u>Balt. md</u>
DATE REC'D BY LOCAL REG. <u>Nov. 28-55</u>	REGISTRAR'S SIGNATURE: <u>Elyabeth Hapler</u>	24. FUNERAL DIRECTOR: <u>Edgar L. Lane</u>	ADDRESS: <u>Chesapeake Hill md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED

DEC 1 1955

BUREAU V. S.

1

11189 CERTIFICATE OF DEATH

Reg. Dist. No. 251

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>QUEEN ANNE</u>		MARYLAND		STATE <u>MD.</u>		COUNTY <u>QUEEN ANNE</u>	
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL end give nearest town)			
X TOWN <u>RURAL SUDLERSVILLE</u>				TOWN <u>RURAL SUDLERSVILLE</u> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) (Middle) (Last) <u>CARMON N. SKINNER</u>				<u>Nov. 25</u> 19 <u>55</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>M</u>	<u>W</u>	<u>SINGLE</u>	<u>SEPT. 11, 1894</u>	<u>61</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>CARPENTER</u>		<u>GENERAL CARPENTER</u>		<u>MD</u>		<u>U. S. A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>MORDECI SKINNER</u>				<u>HESTER A. BENTON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>Yes</u> <u>U. S. A.</u>		<u>NONE</u>		<u>MR. ROY SKINNER - CRUMPTON, MD.</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
151X IMMEDIATE CAUSE (A) <u>Carcinomatosis</u>				<u>3 years</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>gastric carcinoma</u>				<u>Several years</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
<u>—</u>		<u>—</u>		YES <input type="checkbox"/> NO <input type="checkbox"/>		(State)	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
<u>—</u>		<u>—</u>		<u>—</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
<u>—</u>		<u>M.</u>		<u>—</u>			
22. I hereby certify that I attended the deceased from <u>April</u>, 19<u>55</u>, to <u>Nov 25</u>, 19<u>55</u>, that I last saw the deceased alive on <u>Nov 25</u>, 19<u>55</u>, and that death occurred at <u>11:15</u> AM, from the causes and on the date stated above.							
SIGNATURE <u>J. H. Hamilton</u>				ADDRESS (Street, city, town, state)		DATE SIGNED	
<u>M. D.</u> <u>Millington Md</u>				<u>11/27/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>Nov. 28, 1955</u>		<u>SUDLERSVILLE CEM.</u>		<u>SUDLERSVILLE MD.</u>	
24. RECD BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>Nov. 30, 1955</u>		<u>Edgar L. Lane</u>		<u>Edward Tallow</u>		<u>Millington Md.</u>	

11-05

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

CERTIFICATE OF DEATH

FILE NO.

1. DECEASED PERSON'S NAME (Last, first, middle)

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. CAUSE OF DEATH

8. PLACE OF DEATH

9. TIME OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF FUNERAL HOME

14. SIGNATURE OF BURIAL SOCIETY

15. SIGNATURE OF CHURCH

16. SIGNATURE OF OTHER

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BUREAU V. S.

NOV 30 1955

RECEIVED

11-05

11190

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 252

1. PLACE OF DEATH:

COUNTY Queen Anne MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) Centerville RFD LENGTH OF STAY (In this place) 4 yrs

TOWN Centerville RFD

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD COUNTY Queen Anne

CITY (If outside corporate limits write RURAL and give nearest town) Centerville RFD

OR TOWN Centerville RFD

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED:
(Type or Print)

(First) Joseph (Middle) Lee (Last) Smallwood

4. DATE OF DEATH (Month) Nov (Day) 19 (Year) 1955

5. SEX:

Male

6. COLOR OR RACE:

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH:

July 18-1945

9. AGE last birthday:

12 yrs.

IF UNDER 1 YEAR **IF UNDER 24 HRS.**
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Charles town W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME:

Robt A. Smallwood

14. MOTHER'S MAIDEN NAME:

Cora Redmond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS:

R.T. Funk House - Centerville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

919.8
Immediate cause (a) Shot gun wound in head - accident
DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause **DUE TO**
stating underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 8 **19b. MAJOR FINDING OF OPERATION:**

20. AUTOPSY?
Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-19-55 2:15 PM.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR?

Shot in duck blind - accidently

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐ , Inspection ☒ , Inquiry ☐ , and find that death resulted from: Natural causes ☐ , Accident ☒ , Suicide ☐ , Homicide ☐ , Undetermined cause ☐ .

SIGNATURE

W. Henry Frasier - Centerville Md

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.

DATE SIGNED

11/20/55

23. BURIAL, CREMATION, REMOVAL (Specify):

Burial
DATE REC'D BY LOCAL REG. 11-20-55

DATE THEREOF

Nov. 22-1955

NAME OF CEMETERY OR CREMATORY

Edge Hill

LOCATION (City, town, or county)

Charles Town W. Va

(State)

REGISTRAR'S SIGNATURE

Clare Armstrong

24. FUNERAL DIRECTOR

Barton Bush W. Evans Bath

ADDRESS

Centerville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 2 1955

BUREAU V. S.

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Handwritten notes at the bottom of the page, including "Handwritten notes" and "Handwritten notes".

Form with multiple sections and fields, including "BUREAU V. S." and "DEC 2 1955". The form contains various checkboxes, text boxes, and handwritten entries, though the text is mostly illegible due to the quality of the scan.